

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,971.07 for date of service 05/29/01 through 10/25/01.
- b. The request was received on 05/09/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. TWCC 66c forms
 - c. EOMBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. EOMBs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/28/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/07/02. The response from the insurance carrier was received in the Division on 07/16/02. Based on 133.307 (i) the insurance carrier's response is timely.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/12/02

“(Carrier) has reduced are[sic] bills stating that it was reduced accordingly per TWCC. Attached is additional supporting documentation to show that we calculated fees accordingly per TWCC and our ground remains the same.”

2. Respondent: Letter dated 07/16/02

“Provider seeks additional reimbursement for Morphine Sulfate and Duragesic patches for dates of service 05/29/2001-10/25/2001. The disputed charges were audited properly pursuant to the Pharmaceutical Fee Guideline. Therefore, Provider is not entitled to additional reimbursement.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 05/29/01 through 10/25/01.
2. The Carrier submitted EOMBs with a denial code of, “*-Item(s) incomplete or missing from file, for the dates of service 09/18/01, 10/03/01, and 10/11/01. The other dates of service do not have a code of denial or an * beside them.
3. The Carrier has not supplied the information on which they determined their reimbursement amount.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
05/29/01	Morphine Sulfate Powder #60	\$868.59	\$39.97		AWP/unit x number units x 1.09 +\$4.00	TWCC Rule 133.304(c) MFG; Pharmaceutical Fee Guideline; (II) (A) (2) (II)(B)	The carrier has not explained the reasons for denial according to the rule referenced. ...“A generic statement that simply states a ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.” Therefore, reimbursement is recommended in the amount of \$1,933.45.
09/04/01	Morphine Sulfate Powder #60	\$810.95	\$37.57	*			
09/18/01	Morphine Sulfate Powder #60	\$349.84	\$18.39				
09/18/01	Duragesic Patch 25mcg/hr	\$143.67	\$138.44			TWCC Rule 133.304(c) MFG; Pharmaceutical Fee Guideline; (II) (A) (2) (II)(B)	The carrier has not explained the reasons for denial according to the rule referenced. ...“A generic statement that simply states a ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.” Therefore, reimbursement is recommended in the amount of \$10.45.
10/11/01	Duragesic Patch 25mcg/hr	\$73.83	\$71.22	*			
10/25/01	Duragesic Patch 25mcg/hr	\$73.83	\$71.22				

09/18/01	Duragesic Patch 100mcg/hr	\$236.42	\$225.56			TWCC Rule 133.304(c) MFG; Pharmaceutical Fee Guideline; (II) (A) (2) (II)(B)	The carrier has not explained the reasons for denial according to the rule referenced. ...“A generic statement that simply states a conclusion such as ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.” Therefore, reimbursement is recommended in the amount of \$21.72.
10/03/01	Duragesic Patch 100mcg/hr	\$236.42	\$225.56	*			
10/11/01	Duragesic Patch 50mcg/hr	\$120.44	\$114.99	*		TWCC Rule 133.304(c) MFG; Pharmaceutical Fee Guideline; (II) (A) (2) (II)(B)	The carrier has not explained the reasons for denial according to the rule referenced. ...“A generic statement that simply states a conclusion such as ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.” Therefore, reimbursement is recommended in the amount of \$5.45.
Totals		\$2,913.99	\$942.99				The Requestor is entitled to reimbursement in the amount of \$1,971.07

The above Findings and Decision are hereby issued this 3rd day of March 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,971.07 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 3rd day of March 2003.

Carolyn Ollar
Supervisor Medical Dispute Resolution
Medical Review Division

CO/mb